

ANNUAL PERFORMANCE REPORT (APR)
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

PROGRAM YEAR _____
January 1 - December 31

SUBRECIPIENT: _____

ADDRESS: _____

PHONE #: _____

CONTACT PERSON: _____

PROJECT NAME: _____ PROJECT # _____

PROJECT DESCRIPTION: _____

Project Budget	Amount Expended During Program Year	Amount of Unliquidated Obligation as of 12/31
\$	\$	\$

A. ACCOMPLISHMENT NARRATIVE: Describe Accomplishments during this reporting period as specified in your Agreement. If you did not meet your anticipated goals, please provide explanation.
(This narrative should not be left blank.)

[illegible]

B. BENEFICIARIES - INCOME

1. Total number of Households (H) or Persons (P) assisted
(Specify Household or Person) _____
2. Total of #1 who are **Extremely Low Income** Persons _____
3. Total of #1 who are **Low Income** _____
4. Total of #1 who are **Moderate Income** _____
5. Total of #1 who **ARE NOT LOW-TO-MODERATE** Income _____
6. Total of #2, 3, 4 & 5 (should equal #1 above). _____

C. BENEFICIARIES – RACE/ETHNICITY

Of the number of persons served in #1, how many are:	RACE # Total	*Ethnicity # Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
Am. Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
TOTAL		

* Of the race identified in 2nd column, how many are of Hispanic origin.

- D. Total of #1 who are FEMALE HEADED of HOUSEHOLD _____
- E. Total of #1 who are 62 or older _____
- F. Total of #1 who are disabled _____
- G. **REPORTS (Attach any other reports due per agreement.)** _____

Signature of Director

Date